Governor's Commission on Community Service Notification of Intent to Apply 2006 Cycle of Colorado AmeriCorps Program Funding

Please fax this non-binding Notification of Intent to Apply by November 23, 2005 to (720) 904-9738.

(This Notification of Intent to Apply is non-binding. It merely assists the Commission in planning for the review in terms of numbers of reviewers, areas of expertise, and time commitment.)

Name of Applicant Organization:							
Contact Name:							
Address:							
City:				State:		Zip:	
Phone Number:				Fax Number:			
Email Address:							
2.	Please indicate which type of AmeriCorps Grant you intend to submit. AmeriCorps Program Operating Grant AmeriCorps Education Award Only Grant Estimate the number of AmeriCorps member positions you will request in your application. full-time (1700 hours) half-time (900 hours) two-year half-time (900 hours) reduced half-time (675 hours) quarter-time (450 hours minimum-time (300 hours) Please indicate which of the priority areas your program will address.						
3.			ublic Safety Environme			Other	Human Needs
4.	How did you	0 0	Governor's Commission on Commission for National and Commission (Please indicate which is station: Commissioner, Commission Employed Commission Co	ommunity Service community Service Community Service newspaper, telev _) xecutive Director	te NOFA (postcar te Website lice AmeriCorps V lision or radio or or Commission	Vebsite Staff	ff